

**State Education and Training
May 20, 2014**

Present: Josh Beaulieu, Eric Bennett, Kevin Brown, Nancy Brunet, David Burich, Ralf Coler, Donna Lillis, Rick Ortyl, Art Romano, Richard Sanders, Chris Stone, Daniel Tauber, David Tauber,

Excused: Blair Blamforth, Skip Gelati, Alan Henschke, Michael Zacchera

Guests: David Bailey

Happy EMS Week

EMS awards yesterday at Legislative Office Building
Governor's Award – Trumbull EMS
Commissioner's Award – Dr. C. Steven Wolf
Gillhooly/Lawton Award – John Spencer
Paul Windfield Smith Award – Michael Zacchera
Mark Quigley Award – Dr. Richard Kamin
Distinguished Service Award – Windsor EMS

Meeting called to order at 09:45

April minutes approved without changes: passed unanimously

OEMS Update

Rad 57 memo – much discussion and interest through fire service. May want reevaluation and expansion of EMT scope

PSA Legislation – awaiting Governor's signature

Epi Auto-Injector – voice prompt guides use (may precipitate need for retraining on auto-injectors)

Mobile Integrated Healthcare Summit on June 10th

Federal Grant from NHTSA available for M-I-H initiatives

Old Business

CSEMS-I: September 6th seminar at NHSH
Jones and Bartlett will be covering technology based education

CEMSAB: mostly legislative initiatives
AEMT failed in Committee
Will likely remain topic of discussion

CEMSMAC: largely discussion on legislative topics

Transition Materials for Teaching: recertification exam complete and evaluation on administration model in process

PTPC: nothing to report
 Committee meeting today

Regulations Review: *tabled*

Spine Motion Restriction: Packet is complete and updated and awaiting signature

New Business

Committee Goals for 2014

 Educational Packets for:

 CCR

 Naloxone – working hour today

 BLS 12 Lead ECG

Chair's Report

 EMT from ASM involved in serious motorcycle crash two weeks ago. She remains hospitalized with a lengthy recovery ahead of her

 Foundation has been established to benefit her during her convalescence

Info Sharing

VAD Training – June 25th at 6:00 pm at East Lyme High School – free but require reservations

Course update posted on CORC website

CT EMS Expo – May 29-31 at Mohegan Sun

 548 enrollees, vendors 100% sold out, 2 pre-conferences cancelled

 Conference based lodging for Wednesday, Thursday, and Saturday full

2014 EMS night at New Britain Rock-Cats being sponsored by AHA Mission Lifeline

Working Meeting Hour

BLS Intranasal Narcan:

Title Slide – remove intranasal designation to reflect approval of auto injector

Goal – change death to morbidity and mortality

 expand notes section to include intranasal or autoinjector

Objectives – eliminate intranasal and expand to “approved route”

Need to be updated to reflect overall composition of program when changes complete

Slides 4 – 9 – can be condensed to summarize history or opiod abuse

 Eliminate slide on opiate / opiate / cocaine

 Remove CT map but discuss heroin impact on rural CT

Treatment History – need to identify that respiratory support is most critical and that naloxone is Supportive

Naloxone – need to address the fact that half-life of naloxone is relatively short and opiates may outlast medication dose and cause relapse of respiratory depression

Opiod slides – need to organize definition and then identify types

Target population – add into note section risk populations / who is at risk

 Make note regarding shortcomings of profiling these patients

Intranasal naloxone – need to add slide for autoinjector to mirror this slide

Why intranasal – discuss the higher degree of reliability with IM dosing

Stress need for adjunctive ventilatory support

On Scene – define need for tiered response including police and ALS responders

Toxidrome – reorganize respiratory deterioration

Indications – reorganize what defines evidence of opiate / opioid

Contraindications – leave only “known hypersensitivity” and cardiac arrest. Remainder can be discussed in notes section

Nasal atomizer – condense into one slide and focus on airway support

Need to add in slides for autoinjector that mirror atomizer

Medication “rights” – expand to 8 rights

Atomizer Use – change to reflect ½ dose per nostril – total dose dependent on medical control

Eliminate CMED / ED early entry

Add in need to encourage patient to be transported / potential for overdose to supersede length of duration of naloxone

Tunnel Vision – change to reflect respiratory status instead of level of consciousness

Adverse reactions – include notes on potential for chronic pain patients to develop acute pain response following naloxone

Add note that S/Sx could be related to co-injection

Pediatrics – eliminate slide.

Change to slide that reflects generalized dosing for all patients

Preparation slides – need to include slide to discuss autoinjector (EMTs and EMRs have previous training on epi-pen and Mark-1 kits)

Paramedic Role – add potential for poly-pharmacy and need for additional management for this and other conditions

Define poly-pharmacy

Documentation – Mr. Bailey will seek input from Office regarding mandate to report

Patient Refusals - eliminate definition of overdose patient being unable to competently sign Refusal

Note Pages – condense multiple slides

Add slide numbers to pages throughout presentation

Mr. Bailey will finalize changes and add IM / autoinjector slides and presentation will be redistributed to group for final input by this Friday (5/23). Must go out by Tuesday for discussion at Wednesday CEMSAB meeting.

Meeting adjourned at 12:02

Next meeting: June 17th at CHA